## **URGENT NEED APPENDIX**

## Benefit

| 1.    | Is do    | Is documentation in the program files to substantiate the following?                               |        |  |
|-------|----------|--|--------|--|
|       | a.       | A serious and immediate threat to the community.   | Yes No |  |
|       | b.       | The threat originated no more than 18 months prior to submission of initial application.           | Yes No |  |
|       | C.       | The project cannot be funded with local resources  | Yes No |  |
|       | d.       | No other sources of non-local funding are available  | Yes No |  |
| 2.    |          | there been any activities, not identified in the contract, ed or completed with UNG program funds? | YesNo  |  |
| 3.    | •        | , is there documentation to substantiate program benefit e additional activities?                  | YesNo  |  |
| 4.    | Is the   | project in an area that allows LMI benefit to be reported?   | Yes No |  |
|       | If yes   | , explain  |        |  |
|       |          |  |        |  |
|       |          |  |        |  |
| Areas | Needi    | ng Improvement:  |        |  |
| 1.    |          |  |        |  |
|       |          |  |        |  |
| 2.    |          |  |        |  |
|       |          |  |        |  |
| Ar    | eas of I | Non-Compliance:  |        |  |
| 1.    |          |  |        |  |
|       |          |  |        |  |
| R     | equire   | d Action:  |        |  |
|       |          |  |        |  |
| 2.    |          |  |        |  |
|       |          |  |        |  |
| Re    |          |  |        |  |
|       | quired   | Action:  |        |  |